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1-1-2013

## It's time to examine the status of our undergraduate mental health curricula

Susan J. Thomas

*University of Wollongong*, [stthomas@uow.edu.au](mailto:stthomas@uow.edu.au)

Brahmavar N. Pai

*University of Wollongong*, [nagesh@uow.edu.au](mailto:nagesh@uow.edu.au)

Kerry Dawes

*University of Wollongong*, [kerryd@uow.edu.au](mailto:kerryd@uow.edu.au)

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### Recommended Citation

Thomas, Susan J.; Pai, Brahmavar N.; and Dawes, Kerry, "It's time to examine the status of our undergraduate mental health curricula" (2013). *Faculty of Science, Medicine and Health - Papers: part A*. 693.

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## It's time to examine the status of our undergraduate mental health curricula

### Abstract

To the Editor: Review of undergraduate mental health education is timely, given the growing disease burden of mental disorders and the need to better equip doctors for their central role in treatment. Curricula should prepare all doctors with competencies in recognising and treating mental health problems,<sup>1</sup> because these occur frequently in patients across all branches of medicine, leading to poorer outcomes.<sup>2</sup> Curricula should also prepare a minority of doctors for specialist psychiatry training.

### Keywords

status, our, undergraduate, mental, examine, health, time, curricula

### Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

### Publication Details

Thomas, S. J., Pai, B. N. & Dawes, K. (2013). It's time to examine the status of our undergraduate mental health curricula. *Medical Journal of Australia*, 198 (10), 533-534.

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Med J Aust 2013; 198 (10): 533-534.  
doi: 10.5694/mja12.11383

Susan J Thomas, Lecturer  
Brahmavar N Pai, Professor of Psychiatry  
Kerry Dawes, Lecturer  
Graduate School of Medicine, University of Wollongong, Wollongong, NSW.

Correspondence:  
sthomas@uow.edu.au

TO THE EDITOR: Review of undergraduate mental health education is timely, given the growing disease burden of mental disorders and the need to better equip doctors for their central role in treatment. Curricula should prepare all doctors with competencies in recognising and treating mental health problems,<sup>1</sup> because these occur frequently in patients across all branches of medicine, leading to poorer outcomes.<sup>2</sup> Curricula should also prepare a minority of doctors for specialist psychiatry training.<sup>1</sup>

Review of practices is particularly pressing in Australia, where current medical school expansion provides critical opportunities to influence many training doctors' competencies. Despite this expansion, published reviews and curriculum models are notably lacking. Australian medical schools, unlike those of other countries, have yet to agree on a core curriculum in undergraduate psychiatry, and delivery, content and assessment vary widely.<sup>3</sup> These factors increase the probability of isolated curriculum development and inefficiency in preparing doctors with core skills. The Royal Australian and New Zealand College of Psychiatrists has called for greater collaboration across medical educators to develop core psychiatry curricula.<sup>1</sup>

A strategic curriculum requires learning outcomes that move beyond traditional psychiatry competencies in mental status examination, to include preventive health care as well as key attitudes, knowledge and skills needed to equip future doctors to treat mental illness. Chronic challenges also require consideration — these include difficulty in recruiting psychiatrists, lack of clinicians for teaching, and stigma towards psychiatry as a specialty and towards those with mental disorders. High-quality, multidisciplinary, multi-setting teaching may boost teaching resources, expose students to first-line psychological interventions and sensitise them to early-stage presentations. Additionally, with current concerns over the mental health of doctors, medical education provides opportunities to better equip doctors to take care of their own wellbeing.

There are calls to allocate a third of medical school curriculum time to teaching about brain and mental disorders, proportional to their disease burden.<sup>4,5</sup> We estimate that the current proportion in Australia is far lower. In 1999, an Australian study found inconsistency among medical schools, and an overall average of 416 hours psychiatry teaching.<sup>6</sup> We have been unable to locate published figures on the percentage of total teaching hours allocated to psychiatry in Australian medical schools. More recent, and proportional, figures are needed.

Current challenges are to achieve consensus on core mental health curricula across Australian medical schools, and to ensure adequate curriculum time to enable updated learning outcomes. Publishing and critiquing our approaches to curriculum delivery will facilitate reform.

Competing Interests:

No relevant disclosures.

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